

# APPENDIX “1”

# Due Process Complaint Notice

Today's Date: <u>3-26-2012</u>		Requested by: <input checked="" type="checkbox"/> Parent <input type="checkbox"/> LEA	
Name of Person Completing this Notice: <u>Rebecca A. Olds</u>		Relationship to Student: <u>Attorney</u>	Phone: <u>412-492-8975 Ext</u>
<p>It is your responsibility to notify the opposing party of your request for due process by sending to them a copy of this due Process complaint Notice at the same time it is filed with the Office for Dispute Resolution.</p>			
<p>Has the opposing party been provided a copy of this request? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No          If you require special accommodations to participate in the due process hearing, you must contact the LEA with your special needs</p>			
<b>Student Information</b>			
Last Name: <u>Wellman</u>	First Name: <u>Robert</u>	Date of Birth: <u>02-09-1995</u>	Gender: <input checked="" type="checkbox"/> M <input type="checkbox"/> F
Exceptionality(ies): <u>TBI - Traumatic Brain Injury</u>		<u>OHI - Other Health Impaired</u>	
LEA (Local Education Agency): <u>Butler School District</u>		School Building Student Attends: <u>Private Institution (St. Joseph)</u>	
<b>Parent(s) Residing with Student</b>			
Last Name: <u>Wellman</u>		First Name: <u>Rebecca</u>	Relationship: <input checked="" type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Guardian
Home Phone: <u>724-355-0804</u>	Cell Phone: <u>- -</u>	Work Phone: <u>- - Ext.</u>	Fax: <u>- -</u> Email: <u>rlwphluffy@yahoo.com</u>
Preferred method of written correspondence: <input checked="" type="checkbox"/> U.S. Mail <input checked="" type="checkbox"/> Email <input type="checkbox"/> Fax			
Last Name: <u>Wellman</u>		First Name: <u>Robert</u>	Relationship: <input type="checkbox"/> Mother <input checked="" type="checkbox"/> Father <input type="checkbox"/> Guardian
Home Phone: <u>- -</u>	Cell Phone: <u>- -</u>	Work Phone: <u>- - Ext.</u>	Fax: <u>- -</u> Email: <u>- -</u>
Preferred method of written correspondence: <input checked="" type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Parent/Student Address: <u>624 N. McKean Street, Butler, PA 16001</u>			
Parent Attorney: <u>Rebecca A. Olds</u>		Attorney Phone: <u>412-492-8975 Ext</u>	
<u>1007 Mount Royal Boulevard</u>		Attorney Email: <u>rannolds@gmail.com</u>	
<u>Pittsburgh, PA 15223</u>		Attorney Fax: <u>412-492-8978</u>	
<b>Parent Not Residing with Student</b>			
Last Name: <u>Mother / Father not living w/student</u>		First Name: <u>- -</u>	Relationship: <input type="checkbox"/> Mother <input type="checkbox"/> Father
Home Phone: <u>- -</u>	Cell Phone: <u>- -</u>	Work Phone: <u>- - Ext</u>	Fax: <u>- -</u> Email: <u>- -</u>
Preferred method of written correspondence: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Email <input type="checkbox"/> Fax			
Parent Address: <u>Street, PO Box, Floor, Apartment #, etc. and City / State / ZIP</u>			
Parent Attorney: <u>Full Name of Attorney</u>		Attorney Phone: <u>- - Ext</u>	
<u>Address: Street, PO Box, Floor, Rm Number, etc.</u>		Attorney Email: <u>- -</u>	
<u>City / State / ZIP</u>		Attorney Fax: <u>- -</u>	



## Due Process Complaint Notice

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**Local Education Agency (LEA) Information****I. LEA Contact**

<b>Last Name:</b> Derek	<b>First Name:</b> Craig	<b>Position Title:</b> Director of Special Education
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<b>Cell Phone:</b> - -	<b>Work Phone:</b> - - Ext	<b>Fax:</b> - -	<b>Email:</b>
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**Address:**  
110 Campus Lane

Butler, PA 16001

**II. Superintendent/CEO:**

<b>Last Name:</b>	<b>First Name:</b>	<b>Position Title:</b> Superintendent, CEO, Administrator, etc.
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<b>Address:</b> Street, PO Box, Floor, Room, etc.	<b>Phone:</b> - - Ext
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City / State / Zip

<b>III. LEA Attorney: Attorney's Full Name</b>	<b>Attorney Phone:</b> - - Ext
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	<b>Attorney Email:</b>
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<b>Address:</b>	<b>Attorney Fax:</b> - -
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Street, PO Box, Building, Room, etc.

City / State / Zip

**IV. The Due Process Hearing will be held at the following address:**  
(Building Name, Address and Room Number/Name – to be completed by the LEA)  
Building Name, Street Address, Room, etc.

City / State / ZIP

Hearing Location Contact and Phone No.: Enter contact person & phone here

**Information About the Due Process Complaint Notice**

<b>A. Does your issue pertain to a Hearing Officer Decision which has not been implemented?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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(If yes, the Bureau of Special Education will be notified, and will investigate the matter. Due Process is not available when the issue pertains to non-implementation of a Hearing Officer Decision.)

<b>B. Is this a request for an expedited hearing?</b>	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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If yes, please check one of the reasons below:

☐ Disciplinary (drugs/weapons) ☐ ESY (Extended School Year)

Check here if Student is in the ESY Target Group ☐

**C. The law states that a party may not have a due process hearing until a Due Process Complaint Notice is filed, which meets all of the legal requirements. An opposing party may challenge the sufficiency of the Due Process Complaint Notice if it is lacking sufficient information. You must describe the nature of the problem giving rise to this request for due process, including as many facts to support your position as possible. You must also provide a proposed resolution of the problem to the extent known and available to you. You may attach a separate sheet of paper if you need more space:**

**Nature of the problem:** See attached letter

## Due Process Complaint Notice

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**Nature of the problem (continued):** Continued from previous page.

**Proposed Resolution:** Please type the proposed resolution to the problem below.  
See attached letter

If you know the opposing side's position on this matter, you may provide it here, although it is not required by law:

**D.** Prior to a due process hearing taking place, the law requires the parties to participate in a Resolution Session, unless both sides agree in writing to waive this requirement. Please complete the following information:

1. A Resolution Meeting to discuss these issues is scheduled for: mm-dd-yyyy (Date)
2. A Resolution Meeting was held on: mm-dd-yyyy (Date)
3. Participation in the Resolution Meeting was waived by both parents and the LEA in writing on: mm-dd-yyyy (Date)
4. In lieu of a Resolution Meeting, I am requesting mediation\*. ☐

\* If #4 is checked, the ODR Mediation Case Manager will be in contact with the parties.

Please save a copy of this form and MAIL, EMAIL or FAX a copy of this form to the opposing side.

Please EMAIL this form as an attachment to the Office for Dispute Resolution: [odr@odr-pa.org](mailto:odr@odr-pa.org).

You will be contacted by a Case Manager from ODR upon receipt of this Due Process Complaint Notice.

Additional information about due process is available by accessing the website at [www.odr-pa.org](http://www.odr-pa.org) and the Special Education Dispute Resolution Manual.

Parents may also contact the **Special Education ConsultLine**, a Parent Help Line, for information on procedural safeguards and due process: 800-879-2301.



*Rebecca Ann Olds*

*Attorney at Law*

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1007 Mount Royal Boulevard • Pittsburgh, PA 15223

Telephone: (412) 492-8975

Fax: (412) 492-8978

Email: rannolds@gmail.com

March 26, 2012

Derek Craig  
Director of Special Education  
Butler High School  
110 Campus Lane  
Butler, PA 16001

Dear Mr. Craig:

As you know, I am representing Robert Wellman. His date of birth is February 9, 1995. He is a student in the Butler School District, but is currently attending a private institution. Robert is in 11<sup>th</sup> grade. I am writing this letter to request a Special Education Due Process Hearing because Robert and his parents believe Robert should have an Individualized Education Program (IEP).

Robert suffered an injury at school which resulted in a concussion on August 31, 2009. Robert was reinjured during a school football game on September 30, 2009, and his concussion symptoms worsened. As a result of his injuries, Robert has suffered from post concussive syndrome, which involved headaches as well as other cognitive issues including difficulty concentrating, remembering and processing information, difficulty sleeping and severe anxiety issues. After his injury, Robert went to school on and off until October 15, 2009 when his doctor recommended homebound instruction. Robert's mother contacted the school on multiple occasions during that time period to request accommodations for Robert due to his symptoms. The school district did not follow any of the recommendations for accommodations, which included fewer classes, a reduced workload and the ability for Robert to take breaks throughout the day as needed. Instead, the School District ignored the requests for a reduced workload, and gave Robert makeup work and tests during the periods in which he was supposed to be resting. Robert's doctor recommended homebound instruction based on the fact that the school was not following the multiple requests for accommodations due to Robert's condition. Robert attempted to return to school again in March 2010, but again the school refused to follow any request for accommodations. Robert returned to homebound instruction for the remainder of the school year.



Robert attempted to return to school in the 2010-2011 school year. He had significant anxiety as a result of the concussion, the school district's reaction to his injuries and its repeated refusal to accommodate him. Robert's mother continued to request accommodations, and Robert's treatment providers also offered suggestions regarding how to accommodate Robert. Again the school district refused to accommodate Robert. As a result, Robert left school again until January 2011. In January 2001 a meeting was held between the school district, Robert's medical provider, Robert and his mother to work on a 504 plan so that Robert could finally return to school. At the meeting school officials spoke in a demeaning way towards Robert reinforcing his belief that they would not follow any plan to accommodate him, and further increasing his anxiety as a result of this belief. Robert had no confidence that the school district would follow this latest set of accommodations. By this time, Robert was suffering from severe anxiety directly related to the school district. As a result of the disregard for his condition and needs, Robert never returned to Butler School District. Instead, Robert's parents enrolled him in a private institution.

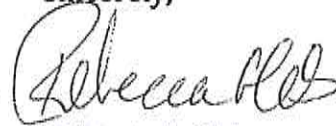
As a result of these events, and at the request of his parents Robert was evaluated by the School District. At no time since the start of these events and prior to this evaluation, did the School District attempt to evaluate Robert given the trouble he was having in school. The evaluation report was completed on October 11, 2011. At that time, the district determined Robert was not eligible for an IEP. Robert had an independent evaluation on October 31, 2011, which showed a different result. The independent evaluation showed a drop in Robert's IQ as well as deficits in math and reading comprehension. It notes a major deficit in auditory working memory. Finally the independent evaluation noted that Robert suffered from anxiety. A report from his psychiatrist indicates Robert meets clinically significant criteria for anxiety disorder due to a medical condition and cognitive disorder due to a medical condition.

Robert and his parents believe that Robert should have an IEP that addresses his special education needs as a result of his traumatic brain injury as well as his severe anxiety issues. As a result of his treatment at the hands of Butler School District, the family does not believe Robert can go back that school. Instead, Robert would like to remain at the private institution his is currently attending, but would like compensatory education from Butler School District for not accommodating his needs and instead exacerbating his symptoms.

Robert and his parents request a Hearing, and would like relief in the form of compensatory education for two years, an IEP that addresses his educational needs moving forward and would also request that Butler School District be responsible for paying Robert's tuition for the private institution he is currently attending.

Please forward me a copy of all of Robert's school records.

Sincerely,

A handwritten signature in black ink, appearing to read "Rebecca Olds". The signature is fluid and cursive, with the first name "Rebecca" being more prominent than the last name "Olds".

Rebecca A. Olds

RAO/

Enclosures

cc: Rebecca Wellman

Office of Dispute Resolution (via email at [odr@odr-pa.org](mailto:odr@odr-pa.org))